

F:11	in this information t	a idantify your a					I				
	otor 1										
	otor 2 buse, if filing)	Michelle L. (_					
Uni	ted States Bankrup	tcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA	A						
Case number 20-14031				_			Check if this i	s:			
(If kr	nown)						An amend	ded filing			
									ng postpetition following date:		
0	fficial Form	<u> 106l</u>					MM / DD/	YYYY			
S	chedule I:	Your Inc	ome							12/15	
atta	ch a separate she	et to this form.	ir spouse is not filing w On the top of any additi								
١.	information.	Oyment	Debtor 1				Debtor	filing spouse			
	If you have more attach a separate		Employment status	■ Employed			'	☐ Employed			
	information about		, ,	☐ Not employed			☐ Not	☐ Not employed			
	employers.		Occupation	Agent							
	Include part-time, self-employed wo		Employer's name	Farmers Insura	nce						
	Occupation may i or homemaker, if		Employer's address 542 N. Lewis Road Royersford, PA 19468-35			352 ⁻	<u> </u>				
			How long employed t	here? Since 1	0/5/202	20					
Par	t 2: Give De	tails About Mor	nthly Income								
	mate monthly incouse unless you are		ate you file this form. If	you have nothing to r	eport for	any	ine, write \$0 in th	e space. In	nclude your no	n-filing	
	ou or your non-filing e space, attach a se		ore than one employer, co	ombine the informatio	n for all e	emplo	oyers for that pers	son on the	lines below. If	you need	
							For Debtor 1		ebtor 2 or ling spouse		
2.		List monthly gross wages, salary, and commissions (be deductions). If not paid monthly, calculate what the monthly			2.	\$	2,640.00	\$	N/A		
3.	Estimate and list	t monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A		
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	2,640.00	\$	N/A		

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Michelle L. Campbell	_	Ca	se number (if known)	20-140)31		
				F	or Debtor 1		ebtor iling s	2 or spouse	
	Cop	by line 4 here	4.	\$	2,640.00	\$		N/A	<u> </u>
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	490.05	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$		\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	-	N/A	<u> </u>
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		N/A	<u> </u>
	5e.	Insurance	5e. 5f.	\$	0.00	\$		N/A	<u> </u>
	5f.	Domestic support obligations		\$	0.00	\$		N/A N/A	_
	5g.	Union dues	5g.		0.00	\$			
	5h.	Other deductions. Specify:	5h.	+ \$	0.00	+ \$		N/A	<u>\</u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	490.05	\$		N/A	<u>\</u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,149.95	\$		N/A	<u> </u>
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.		100100	\$		N/A	<u>\</u>
	8b.	Interest and dividends	8b.	\$	0.00	\$		N/A	<u>\</u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	: 8c.	\$	0.00	\$		N/A	L.
	8d.	Unemployment compensation	8d.	\$	0.00	\$		N/A	_
	8e.	Social Security	8e.	\$	0.00	\$		N/A	<u> </u>
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	e 8f. 8g.	\$		\$		N/A N/A	_
	8h.	Other monthly income. Specify: Prorated Tax Refund (\$5504/12)	8h.	,		· -		N/A	_
		<u> </u>	_						<u>-</u>
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	858.67	\$		N/	Α
10.	Cal	culate monthly income. Add line 7 + line 9.	10. \$	3	3,008.62 + \$		N/A	= \$	3,008.62
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_	- 5,000.02				0,000.02
11.	Star Incl othe Do	te all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not exify:	deper			•		e J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certallies					12.	\$	3,008.62
13.	Do	you expect an increase or decrease within the year after you file this form	1?				•	Combi month	ined ly income
		No.							

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